## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION PEE (if required, Blocks, I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be made appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be made and the further correspondence address a suppropriate. All further correspondence address is appropriate. All further correspondence address is a special patent of the propriate of maintenance fee notifications. certificate of mailing can only be used for domestic mailings of the

CURRENT CORRESPONDENCE	Not Fee pap	Note: A certificate of intaining can consider a consider any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
5514 7: FITZPATRICK 30 ROCKEFELLE NEW YORK, NY	ER PLAZA					f Mailing or Transm Transmittal is being itent postage for first SUE FEE address a 273-2885, on the dat	Lucion	
NEW TORK, IVI	10112		1				(Depositor's	
*							(Sig	nature)
								(Date)
	FILING DATE		FIRST NAMED INVENTOR	3	ATTORN	NEY DOCKET NO.	CONFIRMATION N	o.
APPLICATION NO.			Kojiro Katayama	35.C15946		35.C15946	7223	
09/987,486 TITLE OF INVENTION	11/15/2001	OCCCCUNC APPARAT	1/S MANAGEMENT (	CONTROL METH	OD, COM	MPUTER PROGRA	M AND	
MEMORY MEDIUM	: INFORMATION PI	(OCESSING AFFARA)	00. 112.111102.11211				*	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	09/28/2007	
	EXAMINER		CLASS-SUBCLASS					
WANG, LIAN	NG CHE A	2155	709-224000				ICK, CELLA	
Address form PTO/SB.  "Fee Address" indip PTO/SB/47: Rev 03-07 Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIG	ndence address (or Ch 172) attached. Attached. Attached. ND RESIDENCE DAT ass an assignee is iden in 37 CFR 3.11. Con INEE ISHIKK KAISHJ ate assignee category ( ure submitted: o small entity discounts.	ange of Correspondence se Indication form hed. Use of a Customer 'A TO BE PRINTED ON thifled below, no assignee upletion of this form is NO hor categories (will not be p	e data will appear on the DT a substitute for filing a (B) RESIDENCE: (CI'	to 3 registered pate tively, gle firm (having as a gent) and the nar tomeys or agents. If every patent. If an assign and assignment of the time of tim	a member nes of up no name nee is ide COUNTE APAN Corporation	r a 2 2 1 to	ocument has been f	emment
NOTE: The Issue Fee an interest as shown by the Authorized Signature	d Publication Fee (if records of the United S	ted above) times. See 37 CFR 1.27. equired) will not be accept tates Patent and Tradema  Reda  CFR 1.311. The informa 35 U.S.C. 122 and 37 CFR to USP Southern See See See See See See See See See Se	da	Date	gistered a	47, 2007	he assignee or other	
this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	ions for reducing this l /irginia 22313-1450. 1 813-1450.	burden, snould be sent to DO NOT SEND FEES OF	R COMPLETED FORMS	TO THIS ADDRE	it display	D TO: Commissione	for Patents, P.O. B	ox 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.